

JAN 05 2007

PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/762,953
Filing Date	January 21, 2004
First Named Inventor	Eliot Gottfurcht
Art Unit	
Examiner Name	
Attorney Docket Number	004348.P001XC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

08791

☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:


08791

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Blakely, Sokoloff, Taylor & Zafman, LLP				
Address	12400 Wilshire Boulevard, 7th floor				
City	Los Angeles	State	CA	Zip	90025
Country	U.S.A.				
Telephone	310-207-3800	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Eliot Gottfurcht		
Date	12.18.06	Telephone	310.466.1891

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.39. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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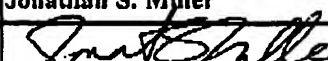


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<b>FEE TRANSMITTAL for FY 2006</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>		
		Application Number	10/762,953	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 21, 2004	
		First Named Inventor	Elliot Gottfurcht	
		Examiner Name		
TOTAL AMOUNT OF PAYMENT		( \$ )	Art Unit	
			Attorney Docket No.	4346P001xC

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	
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Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
				SUBTOTAL (2)	( \$ )

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534
Signature		Telephone	(310) 207-3800
		Date	1/4/07

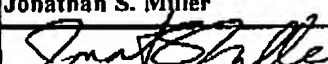
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<b>FEE TRANSMITTAL for FY 2006</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>		
		Application Number	10/762,953	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 21, 2004	
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		Examiner Name		
TOTAL AMOUNT OF PAYMENT		( \$ )	Attorney Docket No.	4346P001xC

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s). <input type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

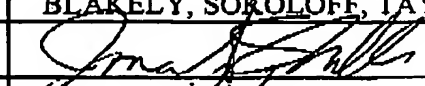
FEE CALCULATION					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
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1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
				SUBTOTAL (2)	( \$ )

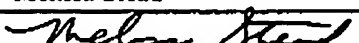
<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534
Signature		Telephone	(310) 207-3800
		Date	1/4/07

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (v/n) 12/16/2004.  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/762,953
		Filing Date	January 21, 2004
		First Named Inventor	Elliot Gottfurcht
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	4	Attorney Docket Number	4346P001XC

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	1/4/07

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Melissa Stead		
Signature		Date	1-5-07

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